



**NEW HAMPSHIRE AIR NATIONAL GUARD  
HEADQUARTERS 157TH AIR REFUELING WING  
PEASE AIR NATIONAL GUARD BASE NEW HAMPSHIRE**

**Date of request:** \_\_\_\_\_

**Name:** \_\_\_\_\_ (Last, First, MI)

**Maiden Name:** \_\_\_\_\_ (If applicable)

**D/O/B:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ (optional)

COPY OF PHOTO ID  
WITH DATE OF BIRTH  
(If completing form at the gate, provide ID to  
guard for review)

**Drivers License # or Non Driver ID: #** \_\_\_\_\_ **State:** \_\_\_\_\_

Reason for requesting access:

\_\_\_ Contractor/DBIDS Pass

\_\_\_ Delivery/Service Provider

\_\_\_ Veteran's Clinic Access

**AUTHORIZATION AND RELEASE**

I hereby direct and authorize the 157th Air Refueling Wing to perform a record check of my person through the National Crime Information Center and Interstate Identification Index databases in order to determine my fitness for unescorted entry onto the installation of Pease Air National Guard Base.

I hereby release the 157th Air Refueling Wing, the State of New Hampshire, and the United States Air Force from any causes of action of any kind, nature, or description whatsoever, arising from the release of, or request for, my criminal record history.

X \_\_\_\_\_  
Signature of Applicant

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SECURITY FORCES USE ONLY	
IEC: _____	Signature: _____
Opr: _____	Signature: _____
	<input type="checkbox"/> Approved  <input type="checkbox"/> Denied

“Citizen soldiers building the nation’s most respected Air National Guard Unit-serving America,  
New Hampshire, and community..in partnership with family and employer.”